



App. No. 10/059,157
Docket: 032739.070

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.: 10/059,157

CONFIRMATION NO. 6520

FIRST NAMED INVENTOR: Kubo, N

FILING DATE: 01/31/2002

ART UNIT: 1756

EXAMINER: Rodee, C

DOCKET NO.: 032739.070

FOR: REPLENISHMENT TONER

RESPONSE TO FINAL OFFICE ACTION

BOX AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INTRODUCTORY COMMENTS

A response to the final Office Action mailed December 15, 2003 is being timely
filed by the response due date.

AMENDMENT TO THE CLAIMS begins on page 2.

REMARKS begins on page 5.



Image AF / 1756

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/059,157	
	Filing Date	01/31/2002
	First Named Inventor	Kubo, N
	Art Unit	1756
Examiner Name	Rodee, C	
Total Number of Pages in This Submission	Attorney Docket Number	032739.070

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Makuch - Reg. 32,263
Signature	
Date	March 15, 2004

CERTIFICATE OF MAILING

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